

STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY

For Official Use

IN THE INTEREST OF

**Consent to
Delegation of Powers
under §48.979
of an Indian Child**

Name

Date of Birth

Case No. _____

UNDER OATH, I STATE:

1. My name is _____
My address is _____
My date of birth is _____
2. I am the [check one] ☐ mother. ☐ father.
3. I have legal custody of the child named above.
4. My child is a member of an Indian tribe or is eligible for membership in an Indian tribe and is the biological child of a member of an Indian tribe.
5. My child is at least 11 days old.
6. The proposed power of attorney delegating parental power is attached.
7. The terms and consequences of the delegation of powers have been fully explained in detail and in my own language. I understand that I am delegating my powers regarding the care and custody of my child to an agent for a period not to exceed one year, as set forth in the attached power of attorney document.
8. I am making this decision on my own free will. No promises or threats have been made to get me to sign this document.
9. My consent may be withdrawn for any reason at any time.



Signature

Name Printed or Typed

Date

CERTIFICATE OF JUDGE

I certify that I am the judge of the circuit court of _____
County, State of Wisconsin, a court of record. The above
named parent appeared before me on this date. The terms and
consequences of the delegation of powers were fully explained
in detail and were fully understood by the parent and I found
this consent to be informed and voluntary before I accepted it.

Circuit Court Judge

Name Printed or Typed

Date